

SPONSORSHIP & EXHIBIT APPLICATION

APRIL 13-15, 2014
HOLIDAY INN GRAND MONTANA,
BILLINGS, MT

☐ SPONSORSHIP \$ _____

Sponsor code: _____

(see descriptions in the "Sponsorship Opportunities"
section)

☐ EXHIBITOR BOOTH WITH CONFERENCE REGISTRATION \$ _____

- ☐ \$350 (applications received by March 14, 2014)
- ☐ \$400 (applications received after March 14, 2014)
- ☐ \$140 Additional Representative Fee
- ☐ \$210 Additional Booth Space

☐ Special booth needs:

☐ Electricity

☐ Other _____

☐ I will bring a Door Prize.

☐ I/we plan to attend the Monday evening
banquet (# attending _____)

PAYMENT INFORMATION

Please send your payment via check or credit card. Please make
checks payable to Montana Governor's Conference on Tourism and
Recreation.

PAYMENT FORM (CHOOSE ONE):

☐ Check ☐ Visa ☐ MasterCard ☐ Amex

\$ Amount _____

Card# _____

Exp. Date _____

Card Auth. Code _____

Cardholders Name (as printed on card) _____

Cardholder's Billing Address _____

City _____

State _____ Zip _____

Date _____

An "X" in the box below serves as the electronic signature of the
individual completing this Application and attests to the accuracy
of the information above.

Completed By: Name and Credentials

SPONSORSHIP/EXHIBIT SPACE CONTACT PERSON

If you are an attendee please print or type your name as you
would like it to appear on your badge.

First _____

Last _____

Company Name _____

Title _____

☐ I am the attendee ☐ No, other representative(s)
listed below

Address _____

City _____

State _____ Zip _____

Phone (____) _____ Fax (____) _____

Email _____

Website _____

If you are a Sponsor eligible for additional complimentary
registrations or an exhibitor with additional personnel
attending, please list those people's names here (as they
should appear on badge). Additional non-complimentary
conference registrations are \$140 per person.

First _____

Last _____

Email _____

First _____

Last _____

Email _____

First _____

Last _____

Email _____

In order to hold your space, 100% of the amount due for the
space must accompany this application.

TOTAL..... \$ _____

After your application has been processed, conference staff
will send a letter of confirmation to the above-named contact
person via email or mail. If you have reserved an exhibit
space, a service kit will be sent to you from K&J Convention
Services.

PLEASE RETURN APPLICATION & PAYMENT TO:

Montana Governor's Conference on Tourism and Recreation
c/o RMS Management Services
36 South Last Chance Gulch, Ste A
Helena, MT 59601
Ph: 406-443-1160 Fax: 406-443-4614
Email: skopec@rmsmanagement.com

FOR ADDITIONAL INFORMATION OR IMMEDIATE
EXHIBIT SPACE RESERVATION, CONTACT THE
CONFERENCE MEETING PLANNER

RMS Management Services
36 S Last Chance Gulch, Ste A, Helena, MT 59601
406-443-1160 or skopec@rmsmanagement.com
www.travelmontana.mt.gov/conference